Choices in postsurgical pain management may impact recovery after bariatric surgery

PATIENTS UNDERGOING BARIATRIC SURGERY ARE AT HIGH RISK FOR SURGICAL COMPLICATIONS DUE TO PREEXISTING MEDICAL CONDITIONS, INCLUDING1-3:

- Sleep apnea
- Insulin resistance and type 2 diabetes mellitus
- Hypertension
- Dyslipidemia
- Cardiovascular disease
- Stroke
- Gallbladder disease
- Hyperuricemia and gout
- Osteoarthritis

PAIN MANAGEMENT CHOICES AFTER BARIATRIC PROCEDURES MAY EXACERBATE SURGICAL RISKS AND COMPROMISE RECOVERY GOALS

Inadequate analgesia prevents early mobilization, which can hinder recovery by increasing the risk of4:

- DVT
- Pressure ulcers
- Respiratory complications, including pneumonia

Reliance on opioids can exacerbate underlying health issues and increase the risk of:

- VTE (PE and DVT) with every 10-unit increment in body mass index5
- Respiratory depression (higher risk for those with obstructive sleep apnea) and sedation (fall risk)6
- ORAEs, including pruritus, nausea, vomiting, and delayed bowel function6

Underlying physiological differences associated with obesity predisposes patients to additional recovery-related challenges:

- Opioid metabolism and pain signaling issues result in the need for increasing amounts of opioids for pain relief7,8
- Addiction transfer after bariatric surgery can lead to substance and alcohol abuse disorders8,10

OPIOID MISUSE OR ABUSE CAN BEGIN FOLLOWING EXPOSURE TO OPIOIDS DURING BARIATRIC SURGERY

1 in 15 patients prescribed an opioid for postsurgical pain will go on to long-term use12

Percentage of patients who continue to use opioids 1 year after bariatric surgery4:

- Nearly 10% of opioid-naive patients
- 65% of patients who used opioids prior to surgery

0 to 105 pills are prescribed after bariatric surgery13

~25% of patients report keeping unused pills at home, leaving a substantial number of pills for potential misuse and diversion13

IF ASKED, PATIENTS WOULD CHOOSE TO RECOVER WITH AN ALTERNATIVE TO OPIOIDS15*

89% of patients said they were concerned about side effects, addiction, or dependence

79% of patients said they preferred a non-opioid pain management option

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*According to a retrospective study of hospital discharge data (N=37031).
†According to a prospective, longitudinal study (N=109). Preoperative opioid use, self-perceived risk of addiction, and depression were each independent predictors of prolonged (6 months) opioid use after surgery.
‡From a survey of 500 adults in the US who had an orthopedic or soft tissue surgery and 200 US surgeons who perform these procedures.
DVT=deep vein thrombosis; ORAE=opioid-related adverse event; PE=pulmonary embolism; VTE=venous thromboembolism.
Opioid-reducing strategies are proven to enhance recovery after bariatric surgery

MULTIMODAL APPROACHES WITH OR WITHOUT ERAS PROTOCOLS HAVE DEMONSTRATED BENEFITS IN BARIATRIC SURGERY

Protocol implementation can positively impact recovery and reduce costs16

- 50% shorter LOS16
- 40% to 61% fewer opioids at 48 hours17,18
- 86% fewer patients with itching, demonstrating an improvement in ORAEs18
- Earlier ambulation, which may reduce the risk of VTE (PE and DVT)5
- 50% fewer cases of respiratory dysfunction in patients not taking morphine19
- 96% of patients without postoperative nausea/vomiting19
- 19-hour earlier return of bowel sounds and flatus20

THE ASA SUPPORTS THE USE OF OPIOID-MINIMIZING PAIN MANAGEMENT STRATEGIES AFTER BARIATRIC SURGERY

"Because of the high incidence of obstructive sleep apnea (OSA) in obese patients and other studies showing that morbidly obese patients have increased perioperative airway obstruction and desaturations even without OSA, the focus with regard to pain management has to be on opioid-sparing multimodal approaches."4

...regional analgesic techniques should be considered to reduce or eliminate the requirement for systemic opioids in patients at increased perioperative risk from OSA...21

“For superficial procedures, consider the use of local anesthesia…”21

LOCAL AND REGIONAL ANALGESIA ARE IMPORTANT COMPONENTS OF OPIOID-REDUCING, MULTIMODAL PAIN MANAGEMENT STRATEGIES22

Local analgesic infiltration
directly targets pain at its source and is not associated with major side effects23

Local anesthetic field blocks
can effectively provide regional anesthesia in abdominal surgeries24

NEW MODALITIES, ALONG WITH LONG-LASTING LOCAL ANALGESIC PAIN CONTROL, CAN REDUCE THE NEED FOR OPIOIDS WHEN USED AS PART OF A MULTIMODAL PAIN MANAGEMENT APPROACH25

ASA=American Society of Anesthesiologists; ERAS=enhanced recovery after surgery; LOS=length of stay.


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